

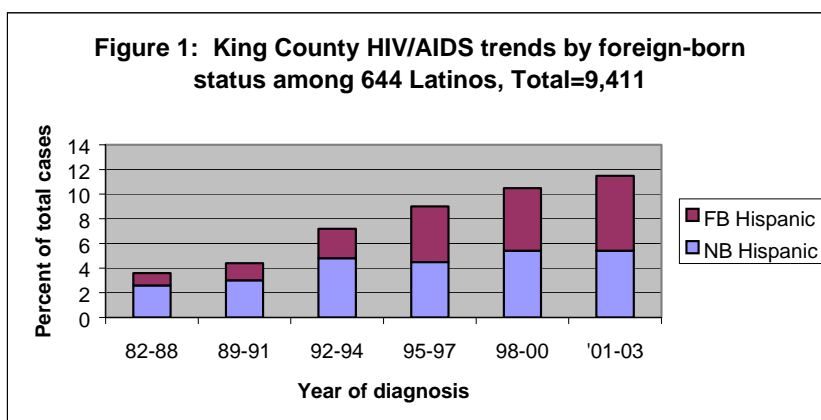
Proyecto Conociendonos
(“Getting To Know Us”)

Assessing the HIV Prevention and Counseling/Testing Needs
of the Latino Population in King County

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Background

Latinos in King County are disproportionately impacted by HIV disease. As of December 31, 2003 5,444 persons were reported living with HIV/AIDS in Seattle-King County. While Latinos make up 5.5% of the King County population,¹ they comprised 8.4% of people living with HIV/AIDS. Looking at trends over time (see Figure 1, below), Latinos make up an increasing share of all HIV/AIDS cases in King County. While Latino cases were under 4% of all cases diagnosed between 1982-88, that percentage rose to almost 12% for cases diagnosed between



2001-03. During this time, cases among Latinos born outside of the United States have also been on the rise. In the early years of the epidemic, about 1% of all HIV/AIDS cases were among foreign-born Latinos. More recently, that figure has increased to about 6%.

Ninety-one percent of Latino cases are men, and close to 64% of all living cases have progressed to an AIDS diagnosis. Men who have sex with men (MSM) is the most common risk transmission category at 67%, followed by injection drug use and heterosexual contact, both approaching 8% of cases. About half of the Latino HIV/AIDS cases occur among those born outside the United States.

¹ The 2000 Census reported 1,737,034 persons living in King County. Of those, 95,250 (5.5%) identified as Latino. The Census estimates that 39,265 (41%) of the Latino residents immigrated to the United States from another country. Because the 2000 Census does not ask about immigration status, the foreign-born population includes, but does not distinguish between: immigrants (legal permanent residents), temporary migrants (e.g., students), humanitarian migrants (e.g., refugees), and unauthorized migrants (people lacking documents to reside in the United States) (see www.census.gov).

According to the 2000 Census, 41% of Latinos reported that they immigrated to the United States from another country. Meanwhile, 52% of reported Latino HIV/AIDS cases with known country of origin report being born outside the United States.² When comparing Latinos with known country of birth, some differences exist between US-born and foreign-born cases. There are nearly twice as many foreign-born females living with HIV/AIDS (12%) than US-born females (7%). For cases in which HIV exposure category is known, a foreign-born Latino is almost 3 times more likely to acquire HIV through heterosexual contact (14%) than a person born in the US (5%). However, MSM is still the most likely mode of transmission for both groups (77% of U.S.-born cases and 71% of foreign-born cases). As shown in Figure 1, foreign-born Latinos have made up an increasing share of the Latino HIV/AIDS cases over time.

Given the increasing share of HIV/AIDS cases among Latinos in King County, the Seattle HIV/AIDS Planning Council set aside funds to conduct a needs assessment to find out more about the Latino community. The purpose of the assessment was to gather information from the community about the following questions:

- Is HIV considered a problem in King County's Latino Community?
- What are people's levels of knowledge and beliefs about HIV?
- Do people know where to go for prevention information and HIV counseling and testing, and are there differences that exist among sub-populations?
- What HIV prevention interventions would the Latino community like to see implemented for their community?

The project, named Proyecto Conociendonos (Getting to Know Us), focused on three priority sub-populations. As noted earlier, men who have sex with men is the most likely risk transmission category for the Latino population, with about three-quarters of all infections occurring in this group. The Planning Council also designated injection drug users as a focus population because data from the KIWI study, a study of HIV prevalence, incidence and risk

² Forty-three percent (183/460) of Hispanic persons living with HIV/AIDS report that they were born in the United States, 48% (195/460) are classified as foreign born, while the remaining 9% (43/460) of cases have been reported with an unknown country of origin.

behaviors collected from injection drug users booked into King County correctional facilities, showed that Latino IDUs had a substantially higher rate of HIV infection than IDUs from any other racial group. Finally the project sought information from foreign-born Latinos.³ As shown in Figure 1 above, the increase in cases in the local Latino population is primarily due to the increasing number of cases among foreign-born Latinos. Because the Latino population is dispersed through King County, Proyecto Conociendonos conducted interviews throughout Seattle-King County, rather than focusing on narrowly defined geographic areas.

Methods

Proyecto Conociendonos employed a team of six field investigators, plus a field team coordinator, to conduct interviews, focus groups, and street intercepts with members of the priority population, service providers, and community leaders. The team consisted of people with experience in the field of HIV prevention or those who were peers from the three sub-populations of interest. All field team members were bilingual and trained to engage in non-judgmental, detailed conversations about sexuality and drug use. Of the six members chosen, four were outreach workers from AIDS service organizations and two were members of the community with knowledge of the three priority groups. The field team received training on facilitating focus groups and conducting interviews. All questionnaires were developed in English and Spanish. Almost all interviews and focus groups were conducted in Spanish.

A ten-member Community Working Group (CWG), which acted as an advisory board for Proyecto Conociendonos, consisted of executive directors of health organizations that focus on the Latino community, Latino HIV prevention and care providers, and officials from the City of Seattle, King County, and Public Health—Seattle & King County (see Appendix I). In a series of three well-attended meetings, the CWG guided the development of data collection sites, lists of potential respondents, and assessment questions.

³ Initially, the assessment was to have focused on undocumented workers. It quickly became clear, however, that immigrants share many beliefs and encounter many of the same barriers regardless of whether or not they have work permits. Therefore, the focus sub-population was expanded to include all Latino immigrants.

The field team coordinator, who had many years of experience in conducting HIV prevention/education services to the Latino community, was hired in September 2003. The coordinator oversaw the development of questionnaires and focus group scripts, conducted field team interviews, and worked closely with the Community Working Group. Field team members began work in November 2003 and completed data collection by the end of March 2004. (See Appendix I for a complete list of the project field team.)

During its first month, the field team conducted outreach to inform the community about Proyecto Conociendonos and to build trust with community experts from the three identified sub-populations. Because the Latino population in King County is not concentrated in one or two areas, project outreach encompassed several geographic areas. Based on the CWG and field team's knowledge of the community, most data collection activities took place in the following locations: the South End, Capitol Hill, South Park, the Eastside, Beacon Hill, Downtown, and the Central District. The field team conducted almost 40% of the interviews in South Seattle and South King County, approximately 39% in downtown Seattle and Capitol Hill, and about 20% in East King County. The locations of the interviews reflect certain concentrations of sub-groups within Seattle and King County. For example, the majority (78%) of the interviews with gay and bisexual men occurred in Downtown or Capitol Hill, while approximately 72% of the interviews with non-gay identified men and women occurred in South and East King County.

Participants:

Community Experts:

Community experts are members of the sub-population who are not service providers or policy makers. They have special knowledge of their community because they are part of a social network with other sub-population members. The field team members used their knowledge of social networks to locate the community experts. The community experts consisted of both men and women from the three sub-populations between the ages of 18 to 60. In the undocumented or immigrant populations, the team interviewed heterosexual men and women, and gay or bisexual men who had only been in Washington in the last 5 years. In the MSM community, the team interviewed men who self-identified as gay or bisexual. The project was also able to

interview several men who identified as heterosexual but also had sex with men. These men were married or had steady female partners, and would only talk in non-recorded conversations about their sexual behavior with other men.

Service Providers/ Community Leaders:

Service providers included providers of HIV prevention and care services, as well as general health and social service providers. Service providers were not required to be Latino in order to be included in the project, but they did have to work with the Latino population in King County. The field team and Community Working Group identified leaders in the community and the group included religious leaders, executive directors of primary organizations serving in the Latino community, and government officials. Other leaders included restaurant owners and transgender emcees in the Latino GLBT clubs.

Interviews:

The interview portion of the project consisted of brief and in-depth interviews. The brief interviews were one page in length with one version tailored to non-IDU sub-groups and the other targeted toward IDUs. All brief questionnaires asked about beliefs about HIV, perceived risk, and where to go for HIV prevention information and counseling and testing. The questionnaire for IDUs also included questions about drug use and use of needle exchange services. Upon completion of the brief interview, participants received a \$5 Starbucks voucher. The in-depth questionnaire spanned six pages and asked more detailed questions about HIV knowledge, risk, sexual behaviors, and perceived risk, as well as taboos and stereotypes associated with HIV and sexual and drug-using behaviors within the Latino community. Respondents received a \$20 Safeway voucher for completing the in-depth interview. The project conducted 183 brief interviews and 96 in-depth interviews.

Focus Groups:

Proyecto Conociendonos conducted seven focus groups, with a total of 59 participants: one for Latino service providers, two for gay-identified MSM, one for non-gay-identified MSM, one for transgender Latinos, one for injection drug users, and one for recent immigrants. All focus groups included key questions from the long interview questionnaires as well as questions added for specific sub-groups. The focus groups were completely confidential with an average of six participants in the community expert groups and 23 participants in the service provider group. The focus groups were staffed by one facilitator and one note taker, and all groups were audio-taped.

Data Collection Challenges

Proyecto Conociendonos encountered major challenges in collecting data.

- Collecting data during the winter was challenging, especially in a community with many seasonal workers who are not in Washington during these months. The cold weather also made it harder to reach homeless populations, such as injection drug users.
- Although injection drug users were a focus sub-population, the team was able to collect very little data from them. While the field team had good connections with this group, the community experts were suspicious of the project. The field team reported that this population, which engages in illegal behaviors and lives in transient camps known as “the jungle”, did not trust that the information collected could be kept confidential. Even with the food voucher incentive, IDUs were likely to decline to be interviewed and those who did participate would not agree to be recorded. As a result, the data used in this analysis comes from one focus group.
- Proyecto Conociendonos had difficulty gathering information from men who have sex with men but do not consider themselves to be gay or bisexual. Several of these respondents would only discuss their same sex behavior if they were not recorded. Given that few projects have been able to gather useful data from this population, however, the data reported here provide insights into a very hard-to-reach group.

Demographics

Community Expert Interview Demographics

In spite of the data collection challenges, the field team successfully accessed a wide range of community members in order to gather information regarding HIV prevention in the Latino community. Table 1, below, provides a summary of the demographics from the community experts who participated in the long and short interviews.

Table 1: Community Expert Demographics

	Short Interviews		Long Interviews	
	Number	%	Number	%
Gender:				
Male	76	47%	59	61%
Female	71	44%	36	37%
Transgender	15	9%	2	2%
Age:				
20 or younger	5	3%	3	3%
21-30	80	50%	48	49%
31-40	43	27%	32	32%
41-50	24	15%	13	13%
Over 50	7	4%	3	3%
Sexual Orientation:				
Gay	38	24%	37	39%
Bisexual	0	0%	5	5%
Heterosexual	112	72%	54	56%
Other	6	4%	0	0%
Birthplace:				
United States	10	6%	7	7%
Mexico	127	78%	70	71%
Central America	15	9%	10	10%
South America	10	6%	9	9%
Other	0	0%	2	2%

	Short Interviews		Long Interviews	
	Average	Range	Average	Range
Years Living in U.S.:	6.7	1 to 35	7.4	<1 to 35
Years Living in Washington:	5.5	<1 to 32	5.3	<1 to 35

Findings: Barriers to Prevention

The short interviews provided information about demographics and knowledge about accessing HIV information and testing. Focus groups and long interviews captured more detailed information in regards to knowledge and perceptions of HIV prevention.

1. Knowledge about HIV

The majority of respondents correctly identified at least one method of HIV transmission. Most individuals mentioned “*sexo sin protección*” (sex without a condom) as a way to transmit HIV. Respondents also clarified that risky sex included both unprotected vaginal and anal sex, but they were less certain about the risks associated with oral sex. Community experts also identified injection drug use as a mode of transmission. Others mentioned blood transfusions as a risk factor. Only a few individuals mentioned mother to child transmission of HIV. Additionally, respondents understood that there is no cure for HIV/AIDS.

While it is clear that the community has a high level of general knowledge of HIV, community members still have gaps in knowledge about the disease. Respondents did not always understand the distinction between HIV and AIDS. Community experts indicated that they would like more specific information about HIV in order to make better decisions about their personal risk behaviors. Many wanted more information about how HIV affects the immune system and how the disease progresses in the body. They also wanted more information about the relative risks associated with different behaviors. For example, with regard to anal sex, men who had sex with men wanted to know how the likelihood of infection differs for insertive and receptive partners and how withdrawal prior to ejaculation affects one’s risk of acquiring or transmitting HIV.

Throughout this assessment, gay-identified respondents had greater knowledge of HIV transmission and of how to access educational information and counseling and testing than their non-gay-identified counterparts. Gay identified individuals were more likely to provide in-depth descriptions of HIV and its effect on one’s health.

2. Why is HIV a problem for the Latino community?

When asked whether they thought HIV is a problem for the Latino community, 85 percent of all survey respondents agreed that it was. Those who have not known anyone with HIV were less likely to see it as an urgent problem. When asked what factors contribute to the problem, respondents to the in-depth interview gave a variety of answers.

- *Lack of information:* The reason mentioned most often, and by all sub-populations, was “*falta de información*” (lack of information). Many respondents indicated that lack of access to information in Spanish exacerbated the information gaps. Those who have immigrated to the United States from other countries also pointed out that undocumented workers find accessing all types of services challenging because of their fears of deportation.
- *Stigma and fear:* All sub-groups frequently mentioned taboo and stigma in relation to both sexual behaviors between men who have sex with men, as well as stigma associated with HIV itself. The community experts reported that the Latino community continues to associate HIV with homosexuality and that this reinforces the stigmatization of the disease. Because Latino culture condemns homosexuality, there is shame associated with engaging in the sexual behaviors associated with HIV transmission. The language that respondents used when talking about the stigma of HIV often varied by sub-group. People who identified as heterosexual used the language of “*tabú*”, while gay-identified men tended to use the language of homophobia. Once an individual becomes HIV positive, they fear rejection from their community and death. This leads individuals to not acknowledge risk behaviors, such as having sex with other men, and to avoid knowing their HIV status.

Heterosexual respondents were more likely than gay men to focus on the marginalization and isolation of HIV+ people. Notably, though, coexisting with attitudes about the isolation of HIV+ people, respondents also spoke with great compassion for those with HIV.

- *Condom use is not normative among Latinos:* Respondents reported inconsistent condom use in the Latino community. In

*“Usar condones
significa una pérdida
de confianza.”*

Using condoms shows
a lack of trust.

addition to noting that many people prefer sex without condoms, many felt that using condoms suggests a lack of trust in your sexual partner. Others saw inconsistent condom use as a lack of personal responsibility. Respondents acknowledged that it is unrealistic to

“Una causa es la falta de responsabilidad de no tomar precauciones, piensas que estás sano.”

One cause is lack of responsibility in not taking precautions, you think you are healthy.

believe that married people in the community would use condoms with their spouses. Therefore, they recommended that emphasis should be placed on condom use in sexual relations outside of

marriage.

Gay-identified men were more likely than members of other sub-groups to talk extensively about the lack of condom use. Some men reported that while they initially use condoms with an unknown partner, use of condoms decreases after multiple sexual encounters with the same individual because the partner is “familiar” and therefore is assumed to be HIV negative.

Non-gay-identified men noted that the stigma associated with having sex with other men meant that they were less likely to discuss

condom use with their male partners. Women in focus groups indicated that a culture of “machismo” makes it difficult for women to determine if their partners are having sex outside their relationship. Additionally, power dynamics within relationships and emphasis on reproduction, present enormous challenges for married women to use condoms to protect themselves from HIV.

“Usa (un condón) la primera vez que sales con una persona, dice, no lo conozco voy a usar condón. Al día siguiente piensas que ya lo conoces y no usa condón.”

You use a condom the first time you go out with a person, you say, I don’t know him, I’m going to use a condom. The next day you think, now I know him and you don’t use a condom.

- *Alcohol:* Respondents, especially those who immigrated from other countries, often linked alcohol use with risky sexual behaviors. They felt that they had few opportunities in King

“Teniendo sexo sin protección siempre es que pasa, porque están en drogas o con el problema de alcoholismo. La comunidad latina viene acá a trabajar, no hacen actividades recreativas más que el trabajo e ir a salir afuera a tomar. Su vida es el trabajo y las discotecas. No hay actividades para involucrar a las personas, solamente el alcohol.”

Having unprotected sex always happens due to drugs or due to the problem of alcoholism. The Latino community comes here to work, they don't have recreational activities except for working and going out to drink. Life is work and the discos. There aren't activities for people to get involved with, only alcohol.

County to engage in social activities that did not involve alcohol. In their home countries, they would be spending time with family and doing outside activities like playing soccer. Immigrants also felt they had fewer support systems because they often do not have their families with

them in the United States. The lack of support systems led them to drink more than they would otherwise. While not explicitly stated by community experts, the field team commented that many respondents seemed to use alcohol to distance themselves from taking responsibility for the sexual risk behaviors they engaged in while using alcohol.

- *Self-esteem:* During a focus group for immigrants, participants discussed at length the idea that Latinos living in the U.S. receive cultural messages telling them that they are inferior. This sense of inferiority is compounded by issues of poverty, racism, discrimination, and immigration status and leads to a lower self-esteem. This translates into a feeling that their lives are not as valuable, and they are therefore less likely to take precautions to protect against HIV.

“Si vive uno en una sociedad que te da mensajes que tú vales menos, que tú eres menos, en alguna forma eso contribuye mucho a que la autoestima deteriore y que una persona importa menos a protegerse, porque su vida vale menos.”

If one lives in a society that gives you messages that you are worth less, that you are less, in some form this contributes a lot to self-esteem deteriorating and therefore a person doesn't care as much about protecting themselves because their life is worth less.

3. Accessing information about HIV

The field team asked respondents to list the various ways in which they currently receive information about HIV/AIDS. In general, respondents emphasized radio and television as the

primary media through which they have received information about HIV. Gay-identified men stood out as feeling they are able to access information when they need to, although they noted that they had to take the initiative to find it. Other respondents relied on passive receipt of information, rather than actively seeking it out. Gay men also were more likely to be able to mention a specific agency or other resource for accessing information than non-gay identified individuals.

Many felt that fear was usually the motivating factor to gain more information about HIV. They related this to a cultural norm of “remediamos no prevenimos,” meaning that individuals often look for solutions once the problem is present, as opposed to seeking out preventative information. Generally participants felt that they have not received sufficient information about HIV in the media. They also discussed language barriers in accessing information. They clearly indicated the need to receive information about HIV in Spanish.

Participants saw schools as a viable venue for providing HIV prevention education. One popular idea was to have HIV-positive Latinos talk in the schools about the realities of living with HIV. Female respondents felt that by educating children, or children and their families, through the schools, future generations will be aware of the risks of HIV.

4. Accessing HIV Counseling and Testing:

HIV testing has been widely accessed, but significant knowledge gaps persist. Most individuals could talk in general about where to go for testing. When asked where they would go for HIV counseling and testing, common responses included “clínicas” (clinics) and hospitals. As with accessing information, there was a discrepancy between gay and non-gay identified individuals in identifying specific testing locations. Gay men were more likely to name at least one specific location for testing. Only seven percent of gay men were unable to mention even a general testing location versus 29 percent of members of other sub-groups. The groups most likely to report having been tested were gay-identified men, women who had been tested during pregnancy, and injection drug users who used the needle exchange.

One measure of access to counseling and testing is whether respondents can name a testing location. If they need to be tested, would they know where to go? Knowledge of where to go for testing also varied by how long people how immigrants had lived in Washington State. Those living in Washington State for three years or more were more likely to be able to mention a location for testing. Nearly 40 percent of recent immigrants to Washington State were unable to mention any kind of testing location, while 23 percent of those who have lived here three years or longer were able to name at least one location.

Respondents also pointed to a lack of service providers who can conduct counseling and testing in culturally competent ways. They were clear that this was less a matter of receiving services from a Latino provider and more about seeing someone who could speak their language and is familiar with their culture. In fact, many expressed concerns about receiving services from Latino providers because of their concerns about confidentiality within the Latino community. Respondents expressed an underlying trust in their doctors, and in Public Health Clinics, to provide them with appropriate and accurate information and testing services.

Because rapid testing is increasingly being offered through community-based testing programs, the field team asked about the acceptability of the rapid test. Respondents regarded rapid testing with mixed feelings. Some felt that receiving test results soon after taking the test would reduce anxiety associated with waiting for results. They also appreciated the convenience of not having to return for results. On the other hand, some respondents felt they needed more time before knowing their test result.

Finally, some undocumented individuals indicated that they prefer to not know their HIV status because they feel that they will not be able to access medical treatment for their HIV if they tested positive. They worried that they would be further marginalized.

IDU-Specific Issues

Despite challenges related to data collection for the Latino IDU population, the field team was able to conduct one focus group. Those findings are detailed here because they did not cover the broader array of topics covered with the other assessment sub-populations. The group discussion

centered on the context in which HIV-related risk behaviors occur for injection drugs users in the Latino community. While members of other sub-populations discussed the issue of sexual risk taking while under the influence of alcohol, injection drug users more often associated unsafe sex with their drug.

*“Muchas veces, por la necesidad de tener dinero, las personas nos **abusamos** de hacerlo sin protección porque estamos bajo la influencia de la droga o alcohol.”*

Often times, due to the necessity to have money, people do it [have sex] without protection because we are under the influence of drugs or alcohol.

Participants talked extensively about their

need to exchange sex to support drug habits and said they were more likely to participate in risky sexual behavior in exchange for drugs or money. Furthermore, participants reported that being high affected their ability to make safer sexual choices and that this increased the likelihood of HIV transmission.

Issues Specific to Non-Gay-Identified MSM

Men who have sex with both men and women, but who don't identify as gay, have always been an extremely hard to reach population. Members of the field team and Community Working Group felt that the cultural prohibition against homosexuality is so strong that these men will never identify as gay or bisexual, therefore prevention messages developed for gay men will never reach them. The focus groups revealed a gender divide in perceptions of this population. In the focus groups with men, there seemed to be an understanding that men might be having sex with other men. During focus groups with women, however, women seemed unaware that their men might be having sex with other men. In characterizing the tone of the women's comments, the field team reported that it was as if women did not even understand questions about heterosexually identified men having sex with other men because it was so out of context for them. When they discussed infidelity, they always described it as their men having sex with other women.

Latino Service Provider Findings

In addition to talking with community experts, Proyecto Conociendonos gathered information from service providers in the Latino community. The provider group discussion and interviews

focused on the types of HIV prevention interventions participants would like to see implemented. Providers told the field team that they believe interventions and messages have focused too much on MSM, at the expense of other groups. They would like to see interventions that reach the entire community. They also felt that information should be provided outside of Seattle to include populations living in surrounding areas. This information should be geared to HIV negative as well as HIV positive individuals.

Providers indicated that they would like to find out more about how HIV negative individuals remain negative and how HIV positive individuals to protect their partners. Once gathered, they would like to see messages and interventions built around this information. Finally, they believed that prevention messages should be realistic and have a visual component to them. The images should show the “la verdadera cara del VIH/SIDA”, the true face of HIV/AIDS. They called for a balance between “sickly” images of HIV and positive images because they feared that creating too much fear could have a negative effect on prevention. Images should have an emotional impact on the community.

Latino service providers who are not part of the HIV/AIDS continuum felt they do not have enough knowledge about the HIV services that are available in King County. They would like to address this issue by having an HIV educator visit their agency, hold classes, and provide active distribution of materials. The providers also felt that HIV information should be integrated into other programs, but felt that HIV services must be discreet. Agencies that do provide HIV prevention services, on the other hand, felt that they were limited in their ability to provide programs due to their lack of funding. They indicated that they did not currently have the resources to provide education to other agencies.

Service provider discussions provided a contrast to community experts in two important ways. While providers believed that prevention programs must emphasize eliminating homophobia and HIV-related stigma, community experts felt it would be hard to reduce this stigma. Community participants would shift the emphasis of programs toward the concrete goal of increasing the availability of information to the Latino community. Also, providers wanted to see the church take a greater leadership role in HIV prevention. Community experts, on the other hand, felt that

the church was not a viable or realistic place to distribute information about HIV. They felt that the church is a separate part of their lives and did not want to challenge the church's role.

Recommendations

- **Counseling and testing:** Rates of infection are increasing faster among foreign-born Latinos than among those born in the U.S. In addition, this sub-population was the least likely to be able to identify locations for accessing counseling and testing, therefore they require the most effort to reach. *Therefore, outreach for HIV C/T should focus on recent immigrants. For all at-risk Latinos, providing counseling and testing services in Spanish is of critical importance.* Testing should emphasize confidentiality and at the same time be culturally appropriate. Respondents were comfortable with having testing in a neutral location, managed by non-Latino providers but with translation services available. This will avoid a lack of confidentiality within the relatively small Latino community.
- **Media campaigns in Spanish:** Not surprisingly, providers and community experts emphasized that *HIV education efforts should be culturally appropriate and offered in Spanish.* Both called for mass media campaigns, especially campaigns placed on Spanish radio and television programs, as funding allows. This is where people have heard messages in the past and where they want to hear them in the future. Community experts, especially recent immigrants, generally felt that they haven't seen enough about HIV/AIDS in the media. Broader distribution could also include having messages at bars and on the Internet. Campaign messages should include more than just exhortations to use condoms. Ideas that came out of the interviews and focus groups included valuing sexuality, respecting sexual partners, and talking about HIV in concrete terms. Many respondents, community experts and providers alike, felt the campaigns should expose the hard realities of HIV.
- **Messages to General Population:** Due to the stigma related to talking about HIV and sexuality within the Latino community, respondents recommended that HIV prevention

information should be offered within non-HIV contexts. In other words, *providers should weave HIV education into events and services that are not directly related to HIV*. This includes providing information during festivals, Latino events, sports activities, and linking information with other services provided to Latinos. Additionally, many felt that most non-gay-identified men who have sex with men will never identify as gay and therefore will not access services that are targeted to the gay population. Providing general HIV messages to the entire community may be the only way to reach this population.⁴

⁴ The majority of HIV/AIDS funding must be targeted directly to high-risk populations, rather than the general population. Therefore, other funds may have to be located to accomplish this task.

Appendix I—Liaisons, Field Team and Community Working Group

Public Health Liaisons	Javier Amaya, MPH Barbara Gamble
Field Team Coordinator:	Elisa Reyes
Field Team Investigators:	Xochitl Garcia Mario Landazuri Ariosto Moran Ana Maria Rivera Louis Rivera Luis Viquez
Community Working Group:	Alberto Arosemena (Lifelong AIDS Alliance) Jose Cervantes (City of Seattle) Efren Chacon (POCAAN) Roberto Gonzalez-Garcia (Lifelong AIDS Alliance) Mauricio Martinez (King County) Antelia Medina (Public Health—Seattle & King County) Emma Moreno (Entre Hermanos) Hugo Ovejero (Entre Hermanos) Irma Pedroza (Consejo) Luis Viquez (Gay City)

Appendix II—Participating Organizations

We would like to thank the organizations that assisted the field team in conducting the needs assessment:

Auburn Public Health

Auburn YMCA

CASA Latina

City of Seattle, Department of Neighborhoods

Consejo

Eastgate Public Health

El Centro De La Raza

Entre Hermanos

Federal Way Public Health

Gay City Health Project

Holy Family Church

Lifelong AIDS Alliance

Needle Exchange, Public Health—Seattle & King County

Office of King County Executive Ron Sims

POCAAN

Radio Sol

SeaMar

Street Outreach Services (SOS)

U.W. School of Law

White Center Public Health

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